

St. Laurence CYO Sports Registration Form

Male / Female
(Circle One)
Var. / JV
(Circle one)

Name: _____ Sport: _____

Address: _____ City: _____ Zip: _____

Home phone: () - Cell phone: () - Birth date: / / Age:

Email Address: _____

School: _____ Grade: _____

Parish/Church: _____ Religion: _____

Please note any health problems or conditions we should be aware of:

Please note any medications that your child is currently taking:

Please circle any other **CYO** sports played this school year:

5th/6th 7th/8th | Football Cross Country Volleyball Soccer Basketball Baseball Softball Track

Please list any grades repeated at any school: _____

I/We, the parent(s) and/or legal guardian(s) of the above-named boy/girl give my/our permission for him/her to participate in the St. Laurence CYO Sports program. By doing so, I/we allow him/her to participate in any and all of the activities of the team, including all events in practices, meets or games, as well as transportation to and from these events.

By agreeing to this, I/we hereby waive and release the team, coaches, St. Laurence Parish and School, the St. Laurence CYO, the Catholic Youth Organization, their organizers and workers, as well as anyone transporting my son/daughter to or from any of these events, from all liability for any injury or illnesses incurred by my/our son/daughter during the season.

In addition, I/we hereby assign and authorize the coaches of St. Laurence Sports Team to act for me/us in accordance with their best judgment in any emergency requiring medical attention for my/our son/daughter. I/We currently have and will continue to maintain my/our own health and medical insurance (as listed below), and will assume any and all costs should medical treatment be necessary. I/We authorize the coaches to give permission for medical treatment for my son/daughter in my/our absence. I/We have listed above any medical condition, mental or physical impairment, and/or allergies that should be made known, and I/we have no knowledge of any other physical or mental impairment that would be affected by, or affect my/our son's/daughter's participation in the sports program I/we are registering him/her for.

Finally, if my/our son/daughter is issued a uniform, or any part of a uniform, I/we agree to maintain its cleanliness and usefulness, and to return it at the end of the season in good, usable condition, as deemed usable by the St. Laurence CYO. In the event of loss or damage to any part of the uniform issued to my/our son/daughter, I/we agree to pay the cost necessary to purchase new the same part of the uniform, without regard to prior use.

Health Insurer Name

Health Insurance ID Number

Print Parent/Guardian Name

Relationship to Child

Signature of Parent/Guardian (Seal)

Date